

See growth chart.

BF = Bright Futures Priority Item

<input type="checkbox"/> PARENTAL WELL-BEING <input type="checkbox"/> FAMILY ADJUSTMENT <input type="checkbox"/> FEEDING ROUTINES <ul style="list-style-type: none"> • Breastfeeding (400 IU vitamin D supplement) • Iron-fortified formula • Solid foods (wait until 4-6 months) • Elimination (5-8 wet diapers, 3-5 stools) 	<input type="checkbox"/> INFANT ADJUSTMENT <ul style="list-style-type: none"> • Tummy time • Encourage daily routines • Back to sleep • Sleep location • Techniques to calm 	<input type="checkbox"/> SAFETY <ul style="list-style-type: none"> • Car safety seat (infant rear facing) • Falls • No strings around neck • No shaking • Smoke-free environment • Sun safety
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WELL CHILD VISIT

NAME	Male	Medical Record Number	DOB
	Female		Actual age (weeks): <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6

Current Medications _____

Plan

BF Patient is up to date, based on CDC/ACIP immunization schedule. ☐Yes ☐No
If no, immunizations given today. ☐Yes ☐No
ImmPact2 record reflects current immunization status: ☐Yes ☐No

☐ Immunization plan/comments _____

☐ Ask about WIC

BF Laboratory/Screening results _____

Hearing screen _____

☐ Previously done Date completed _____

Newborn blood spot screen _____

☐ Previously done Date completed _____

MaineCare Member Support Requested

- ❑ Transportation to appointments

☐ Find dentist☐ Find other provider

- ☐ Make doctor's appointment

☐ **Public Health Nurse referral**

☐ Family aware

BF Referral to _____

BF Follow-up/Next Visit _____

Narrative Notes:

EXAMINER'S SIGNATURE

DATE _____